

CHILD ABUSE PREVENTION GRANT APPLICATION COVER SHEET

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Request for Application Number GSVC-04-10

| | | | |
|--|--|--|------------------------|
| Grant Program: | Child Abuse and Neglect Prevention Program | | |
| Applicant: | | | |
| Address: | | | |
| Applicant Federal ID Number: | | | |
| Jurisdiction(s) Served: | | | |
| Program Title: | | | |
| Grant Period: | July 1, 2004 – June 30, 2005 | | |
| Application Type: | <input type="checkbox"/> New project <input type="checkbox"/> Continuation of existing project <input type="checkbox"/> Enhancement or expansion of existing project | | |
| | Project Director | Project Administrator | Finance Officer |
| Name: | | | |
| Title: | | | |
| Address: | | | |
| Phone: | | | |
| Fax: | | | |
| E-mail: | | | |
| Signature of Project Administrator and date signed: | | | |
| | | | |
| Project Budget Summary | | | |
| VDSS Funds Requested | Applicant's Match Funds | Is match all cash? | |
| \$ | \$ | <input type="checkbox"/> Yes, all cash <input type="checkbox"/> No, cash &/or in-kind | |

